2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086855

7767 JEWEL LANE, UNIT 203

NAPLES, FL 34109

Address: City-St-Zip:

Entity Name: DAILY FRESH, INC.

FILED May 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7767 JEWEL LANE 1378 CHURCHILL CIR **UNIT 203** N 203 NAPLES, FL 34109 NAPLES, FL 34116 **Current Mailing Address: New Mailing Address:** 7767 JEWEL LANE 1378 CHURCHILL CIR **UNIT 203** N 203 NAPLES, FL 34109 NAPLES, FL 34116 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MULLALLI, ROMEO MULLALLI, ANESTI 1378 CHURCHILL CIR 7767 JEWEL LANE **UNIT 203** N 203 NAPLES, FL 34109 US NAPLES, FL 34116 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ANESTI MULLALLI 05/24/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MULLALLI, ANESTI Name: Name: 1378 CHURCHILL CIR N#203 Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MULLALLI, ROMEO Name: 7767 JEWEL LANE, UNIT 203 Address: Address: NAPLES, FL 34109 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition MULLALLI, ROMEO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANESTI MULLALLI P 05/24/2007